

## Individualized Housing Plan



- Department of Mental Health's 5<sup>th</sup> Annual Housing Training Institute
- Monday, June 11, 2012 1:30PM
- Catalina Room
- Presenter, Carmen Hill, MBA, President, CitiHousing Real Estate Services

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## ASSESSMENT OF THE BARRIERS

- Prior evictions/poor credit history  
– [[www.annualcreditreport.com](http://www.annualcreditreport.com)]
- Criminal background/police reports  
– [[www.lasuperiorcourt.org](http://www.lasuperiorcourt.org)]
- Drug/substance abuse
- Insufficient income
- Lack of life skills
- Lack of motivation/hope



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## Consumer's Housing Goals

- Develop an individualized plan
- Identify the housing options
- Identify housing resources



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### Life skills needed for housing

- Money Management
- Housekeeping
- Interpersonal
- Leisure-time management
- Substance abuse/sobriety
- Parenting skills
- Understanding tenant responsibilities



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### Treatment team approach

- Case manager
- Housing specialist
- Employment specialist
- Psychiatrist
- Substance abuse counselor
- Benefits specialist



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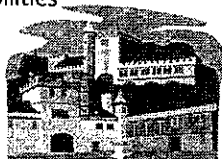
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### Tenant College

- Role of transitional housing
- Tenant responsibilities



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**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**  
**COUNTYWIDE HOUSING, EMPLOYMENT & EDUCATION RESOURCE DEVELOPMENT**  
**HOUSING ASSESSMENT FORM**

Last Name..... First Name..... MIS# ..... Sex.....  
 Date of Assessment:..... Social Security# ..... Date of Birth.....  
 Age..... Ethnicity Background:..... Psychiatric Dx.....  
 Source(s) of Income..... Monthly Income..... Total Savings/Checking: .....  
 Current Address.....  
 Home Phone# ..... Cellular # ..... Work# .....  
 Estimated Relocation Time (days/weeks/months):.....  
 Case Manager's Name..... Service Area.....

**Current & Preferred Living Conditions**

1. Where is the client currently residing?

<input type="checkbox"/> Homeless – No shelter	<input type="checkbox"/> Sober Living /Board and Care	<input type="checkbox"/> Drug Tx Program
<input type="checkbox"/> Winter/All-year-round Shelter	<input type="checkbox"/> Residential Treatment	<input type="checkbox"/> Housing Unit alone with others
<input type="checkbox"/> Specialized shelter Beds	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Project Based Section 8 Housing
<input type="checkbox"/> Temporarily residing in a motel	<input type="checkbox"/> Shared Housing	<input type="checkbox"/> Tenant based Section 8 Housing

2. Please indicate which type of housing client prefers.

<input type="checkbox"/> Homeless – No shelter	<input type="checkbox"/> Sober Living /Board and Care	<input type="checkbox"/> Drug Tx Program
<input type="checkbox"/> Winter/All-year-round Shelter	<input type="checkbox"/> Residential Treatment	<input type="checkbox"/> Housing Unit alone with others
<input type="checkbox"/> Specialized shelter Beds	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Project Based Section 8 Housing
<input type="checkbox"/> Temporarily residing in a motel	<input type="checkbox"/> Shared Housing	<input type="checkbox"/> Tenant based Section 8 Housing

**Housing History Patterns**

3. Describe client's living arrangements for the past five years:  
 (include periods of homelessness, incarceration, hospitalization, shelter and residential programs, rehabilitation/detox centers)

**Month(s)/Year(s)**

**Location**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

**COUNTYWIDE HOUSING, EMPLOYMENT & EDUCATION RESOURCE DEVELOPMENT  
HOUSING ASSESSMENT FORM**

**Independent Living Skills**

4. How would you rate the client's ability to communicate and interact with others in the public?

☐ Excellent                      ☐ Good                      ☐ Fair                      ☐ Poor

5. Indicate which activities and/or services the client **cannot** effectively execute access and/or utilize?

<input type="checkbox"/> Bathing	<input type="checkbox"/> Budgeting/Banking/Money Management
<input type="checkbox"/> Care of Personal Hygiene	<input type="checkbox"/> Social Skills/Interpersonal Relationships
<input type="checkbox"/> Cooking/Preparing Foods	<input type="checkbox"/> Control Emotions and Impulses
<input type="checkbox"/> Laundry	<input type="checkbox"/> Comfortable Access Crowded Places for Services
<input type="checkbox"/> Housekeeping/Cleaning	<input type="checkbox"/> Make Sensible Judgments And Decisions
<input type="checkbox"/> Personal Safety/Fire/Home	<input type="checkbox"/> Paying Rent
<input type="checkbox"/> Access to Healthcare and Medical issues	<input type="checkbox"/> Maintain Pertinent Personal Documents and Files
<input type="checkbox"/> Access Grocery Stores	<input type="checkbox"/> Live Independently w/ No Assistance
<input type="checkbox"/> Public/Private Transportation	<input type="checkbox"/> Walk a Reasonable Distance
<input type="checkbox"/> Use of public facilities(i.e post office)	<input type="checkbox"/> Wait patiently in line for services

6. The reason that client cannot effectively execute this/these activities (ies) are due to Medical or Psychiatric Disability? (specify) \_\_\_\_\_

**Psychiatric Information**

7. What is the client's Psychiatric Diagnosis?

Axis I (please specify)

and/or

Axis II (please specify)

_____	_____
_____	_____
_____	_____

8. List the Names and Dosages of All Psychotropic Medications the Client is Currently Taking

Name	Dosage	Name	Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**County of Los Angeles Department of Mental Health  
Homeless and Housing Division  
HOUSING READINESS EVALUATION**

This evaluation screens for readiness to live independently. It can also be used as a tool to help consumers identify the needed skills, and set goals and objectives towards housing/independent living. Certain skills have a high correlation with being able to maintain housing/independence. With the exception of #8, "YES" answers are associated with these skills.

REFERRAL AGENCY: \_\_\_\_\_ LENGTH OF CONTACT WITH CONSUMER: \_\_\_\_\_

CLIENT'S NAME: \_\_\_\_\_ MIS#: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

	YES	NO
<b>1. CLIENT RECEIVES MENTAL HEALTH SERVICES</b>		
Case Management		
Psychiatric Care		
Prescriptions		
Other Supportive Services		
<b>2. CLIENT KEEPS APPOINTMENTS</b>		
<b>3. COMPLIES WITH TREATMENT</b>		
<b>4. CLIENT HAS MONEY MANAGEMENT SKILLS</b>		
<i>If "no", how is this being addressed? (Circle all that apply)</i>		
Case Management      Community Living Program      Other		
Money Management Program      Emerging Skill      Explanation Written On Back      No Plan		
<b>5. CLIENT HAS HOUSEKEEPING SKILLS</b>		
<i>If "no", how is this being addressed? (Circle all that apply)</i>		
Case Management      Community Living Program      Other		
Money Management Program      Emerging Skill      Explanation Written On Back      No Plan		
<b>6. CLIENT'S INTERPERSONAL SKILLS ARE APPROPRIATE FOR COMMUNITY LIVING</b>		
<i>If "no", how is this being addressed? (Circle all that apply)</i>		
Case Management      Community Living Program      Other		
Money Management Program      Emerging Skill      Explanation Written On Back      No Plan		
<b>7. CLIENT HAS LEISURE-TIME MANAGEMENT SKILLS</b>		
<i>If "no", how is this being addressed? (Circle all that apply)</i>		
Case Management      Community Living Program      Other		
Money Management Program      Emerging Skill      Explanation Written On Back      No Plan		
<b>8. SUBSTANCE ABUSE/HISTORY OF SUBSTANCE ABUSE</b>		
<b>9. SOBRIETY IS BEING ADDRESSED (USE BACK TO EXPLAIN)</b>		
<b>10. PARENTING SKILLS ARE ADEQUATE</b>		
<i>If "no", how is this being addressed? (Circle all that apply)</i>		
Case Management      Community Living Program      Other		
Money Management Program      Emerging Skill      Explanation Written On Back      No Plan		
<b>11. THERE IS A FINANCIAL PLAN TO PAY FOR RENT</b>		
Employment		
SSI/SSD		
General Relief		
Other Subsidy		
<b>12. CLIENT UNDERSTANDS TERMS OF RESIDENCY</b>		
<b>13. CLIENT'S HEALTH PERMITS LIVING INDEPENDENTLY</b>		

## Housing Barriers Assessment

This assessment aims to capture some common housing stability barriers facing homeless people and those at risk of homelessness. Some information may be unknown or people may refuse to answer. This is to be expected, although it would be preferable to have as much information as possible. The housing barriers screen can be used to develop the Housing Stabilization Plans for each household and for re-assessments for those that receive ongoing assistance.

<b>Income</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No income</li> <li><input type="checkbox"/> Has income but it's below 30% of AMI</li> <li><input type="checkbox"/> Recent decrease in income</li> <li><input type="checkbox"/> Receiving unemployment or other income that is time-limited</li> <li><input type="checkbox"/> Sanctioned or timed out on TANF</li> </ul>	<b>Debts/Expenses</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monthly obligations exceed monthly income</li> <li><input type="checkbox"/> Poor credit history</li> <li><input type="checkbox"/> Currently in bankruptcy</li> <li><input type="checkbox"/> Debts to the utility company</li> </ul>
<b>Employment</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No High School Diploma or GED</li> <li><input type="checkbox"/> Unemployed</li> <li><input type="checkbox"/> Currently in temporary or seasonal job</li> <li><input type="checkbox"/> Inconsistent work history – gaps in employment or frequent changes in jobs</li> <li><input type="checkbox"/> Lacks adequate transportation</li> </ul>	<b>Legal Issues</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child support enforcement</li> <li><input type="checkbox"/> On parole</li> <li><input type="checkbox"/> On probation</li> <li><input type="checkbox"/> History of incarceration</li> <li><input type="checkbox"/> Felony within last 5 years</li> <li><input type="checkbox"/> Restrictions on housing location – e.g., sex offender, order of protection for DV</li> <li><input type="checkbox"/> Outstanding warrant(s)</li> </ul>
<b>Housing History</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Homeless in the last 12 months</li> <li><input type="checkbox"/> Multiple episodes of homelessness</li> <li><input type="checkbox"/> Chronically homeless</li> <li><input type="checkbox"/> One or two legal evictions</li> <li><input type="checkbox"/> More than 2 evictions</li> <li><input type="checkbox"/> Never had own lease</li> <li><input type="checkbox"/> Lack of rental history of more than 1 year</li> <li><input type="checkbox"/> Does not have landlord references</li> <li><input type="checkbox"/> History of eviction from subsidized housing</li> <li><input type="checkbox"/> History of institutional care – e.g., state hospital, foster care, prison</li> </ul>	<b>Family Status</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Custody of 3 children</li> <li><input type="checkbox"/> Custody of 4 or more children</li> <li><input type="checkbox"/> 1 or more custodial children &lt; age of 5</li> <li><input type="checkbox"/> Single adult under age 22</li> <li><input type="checkbox"/> Head of household under 25 years old with children or pregnant</li> <li><input type="checkbox"/> Current/past involvement with foster care</li> <li><input type="checkbox"/> Unmet child care needs</li> <li><input type="checkbox"/> Domestic violence survivor</li> <li><input type="checkbox"/> History of violence</li> <li><input type="checkbox"/> Has child with special needs</li> <li><input type="checkbox"/> Children not attending school regularly</li> </ul>
<b>Health/Disability</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chronic physical illness</li> <li><input type="checkbox"/> Health crisis, detox or hospitalization in past year</li> <li><input type="checkbox"/> One disabling condition such as mental illness, SA</li> <li><input type="checkbox"/> Multiple disabling conditions</li> <li><input type="checkbox"/> Disabling condition has negatively affected housing stability</li> <li><input type="checkbox"/> Not in treatment for ongoing health issue(s)</li> </ul>	<b>Supports/Independent Living Skills</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No or limited support networks</li> <li><input type="checkbox"/> History of being unable/ unwilling to seek help</li> <li><input type="checkbox"/> Hoards</li> <li><input type="checkbox"/> Engaged in ongoing abusive relationship</li> <li><input type="checkbox"/> Limited English proficiency/literacy</li> <li><input type="checkbox"/> Never had driver's license</li> <li><input type="checkbox"/> Any household member is lacking Government Issued ID</li> </ul>

Date \_\_\_\_\_

## NEEDS ASSESSMENT

LAST, _____ FIRST _____ CASE MANAGER _____	
<b>Housing Goal/ Needs</b> <input type="checkbox"/> Unit Size <input type="checkbox"/> Area	
<b>Income</b> <input type="checkbox"/> General Relief <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Job Training <input type="checkbox"/> Formal Education <input type="checkbox"/> No Income	
<b>Health Issues</b> <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Hygiene/Health Education <input type="checkbox"/> Physical Condition	
<b>Children</b> <input type="checkbox"/> Number under 18 <input type="checkbox"/> Custody/Child Support <input type="checkbox"/> Parenting Classes	
<b>Socialization</b> <input type="checkbox"/> Leisure Activities/ <input type="checkbox"/> Interests <input type="checkbox"/> Attends community Meetings/ Church	
<b>Money Management</b> <input type="checkbox"/> Credit History <input type="checkbox"/> Rental History	
<b>Transportation Issues</b> <input type="checkbox"/> Owns a vehicle <input type="checkbox"/> Bus Pass/ Access <input type="checkbox"/> Other	
<b>Criminal History</b> <input type="checkbox"/> Incarceration <input type="checkbox"/> Probation/ Parole <input type="checkbox"/> Felony	

## Housing Services Tenant Workshops

### How to find an apartment

Topic will be divided into four workshops lasting 1 hour each. The workshops will consist of the following topics; Where to look for vacancies, How to complete a rental application, What to do & don't do while meeting with a perspective landlord, and Understanding a Rental Agreement.

### Money Management

Topic will be divided into four workshops lasting 1 hour each. The workshops will consist of the following topics; Opening a bank account, Money saving tips, Paying yourself, and Saving for the future.

### Dealing with Neighbors/Problems

Topic will be divided into three workshops lasting 1 hour each. The workshops will consist of the following topics; Reporting a problem, What to do & don't do when having a problem, and Managing with the stress.

### When Reporting the Need for Repairs

Topic will be divided into four workshops lasting 1 hour each. The workshops will consist of the following topics; What is considered an emergency, When to report the problem, How to report the problem, What to do if the problem is not fixed.

### When Moving out of an Apartment

Topic will be divided into three workshops lasting 1 hour each. The workshops will consist of the following topics; Giving a 30 day notice, Turning in the keys, and Getting your deposit back.

### Move-In Assistance

Topic will be divided into three workshops lasting 1 hour each. The workshops will consist of the following topics; How to apply, Requirements & How to meet them, & How to use the assistance.

### Household Goods & Services

Topic will be divided into three workshops lasting 1 hour each. The workshops will consist of the following topics; Who qualifies & the requirements, How to apply for funds, How to use the funds.

### Section 8 Housing Programs

Topic will be divided into three workshops lasting 1 hour each. The workshops will consist of the following topics; Shelter plus Care, Portable Section 8, and Housing Projects.

### Tax Credit Housing

Topic will be divided into three workshops lasting 1 hour each. The workshops will consist of the following topics; Locating tax-credit housing, Requirements & meeting them, and How to apply for housing.



Checking your Credit Report

Topic will be divided into three workshops lasting 1 hour each. The workshops will consist of the following topics; Getting a free credit report, Reading a credit report, and reporting discrepancies.

Other Affordable Housing

Topics will be divided into three workshops lasting 1 hour each. The workshops will consist of the following topics; ACOF, SRO's, and Tax-Credit units.

How to Clean your Apartment

Topic will be divided into three workshops lasting 1 hour each. The workshops will consist of the following topics; How often to clean, How to clean the apartment, and What products to use & don't use.

How to Deal with the Stress of Day to Day Living

Topic will be divided into four workshops lasting 1 hour each. The workshops will consist of the following topics; Breathing Exercises, Listening to Music, Body & Mind Relaxation Techniques, and Anxiety Reduction.

Moving into an Apartment

What to do when moving into an apartment

Security Deposits

The laws governing security deposits.

# HOUSE RULES

1. This is an addendum to and becomes part of the rental agreement between Owner and Resident.
2. No persons, pets, or animals of any kind are permitted to occupy the premises other than those listed on the original rental agreement without the express prior written consent of owner or his agent.
3. Any resident who drinks excessively, uses premises for illegal activity or commits a nuisance will be subject to eviction.
4. No unnecessary noise due to loud talking, radios, televisions, stereos or musical instruments is permitted.
5. Hours for playing the above with the consideration of other residents are \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
- X [ 6. No rollerskating, skateboarding or riding bikes on the premises.
7. Laundry facilities are to be used only during the hours of \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Please use machine as instructed and do not overload.
8. Management is not responsible for damage or theft of personal property. Tenant shall obtain own insurance for this purpose.
9. Resident is responsible for cost of repairs to plumbing, plumbing fixtures and appliances should damage be caused from negligence or misuse. Foreign items causing stoppage of waste, jamming of mechanisms is considered improper use and repair costs shall be paid for by resident or guests.
- ✓ 10. Personal items such as bicycles, tools, brooms, toys, etc. shall be kept out of view. No rugs, towels, articles of clothing or any such items shall be hung on the exterior of the building, on balconies or in hallways. No mops, brooms or rugs are to be shaken from same, or from open windows.
11. Highly combustible items such as gasoline are prohibited and shall not be used or stored anywhere on premises.
12. Damage to the apartment and/or building and it's equipment and furnishings, above and beyond ordinary wear and tear, shall be paid for by resident.
13. Do not make any alterations in any way, (i.e., painting, hanging pictures, changing locks), without the prior written permission of owner or agent. Resident will be responsible for the cost of damages beyond ordinary wear and tear.
- ✓ 14. Residents are responsible for the conduct and cleanup of their invitees and guests. Residents are to park vehicles in space assigned to them by owner agent. Any unauthorized parking on premises is subject to towing at vehicle owner's expense. No extensive repair or washing of vehicles is allowed on the premises.
15. Your rental shall be kept in good and clean condition and free from any objectionable odors.

PLEASE FOLLOW THE ABOVE RULES AND REGULATIONS TO HELP KEEP COMMON AREAS CLEAN AND TO MAINTAIN A PEACEFUL, SAFE AND PLEASANT ENVIRONMENT FOR YOURSELF AND YOUR NEIGHBORS.

THANK YOU FOR YOUR CONSIDERATION AND PLEASE CALL IF WE CAN BE OF ANY HELP.

Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Date: \_\_\_\_\_



**abode**

COMMUNITIES

## Rio Vista Apartments



*Example of  
a tax credit  
apt bldg*

**Applications will be accepted from July 6<sup>th</sup> - July 26th 2011**

### HEALTHY HOMES, HEALTHY FAMILIES AFFORDABLE AND CONVENIENT

Rio Vista Apartments is a new affordable community of 50 apartments opening Winter 2011 in the Glassell Park community of Los Angeles. Rio Vista Apartments is located within easy walking distance of shopping, public parks and schools, including the new Glassell Park Early Education Center, with easy access to public transportation. Each apartment has many "green" features designed to save residents money, improve air quality and protect the environment. The community is "Smoke-Free."

Applications will be accepted on a first come, first serve basis to establish the order in which all units in the building will be filled. Potential residents must be income qualified and approved by our management company.

### DO YOU QUALIFY?

Bedrooms	Monthly Rent
2	\$576 to \$1,153
3	\$666 to \$1,332

In order to qualify, eligible household income cannot exceed maximums listed here.

Household Size	Maximum Income
1	\$ 35,880
2	\$ 41,040
3	\$ 46,140
4	\$ 51,240
5	\$ 55,380
6	\$ 59,460
7	\$ 63,540
8	\$ 67,680

Income limits and monthly rental rates are subject to change annually by the U.S. Department of Housing and Urban Development and the State of California.

### RIO VISTA APARTMENTS RESIDENTS WILL ENJOY THE FOLLOWING AMENITIES

Energy Star Appliances  
Free Internet Access  
On-Site Laundry Facilities  
Community Room with Computers  
Resident Service Programs  
Rooftop Garden

Application packages are available from July 6th – July 26th and must be returned in person or by mail (no electronic submission by e-mail or fax are allowed) to the address below on or before July 26th, 2011 at 5:00 p.m. in order to be considered for residency.

*\*There is a \$30 application fee per applicant*

**Leasing Office for Rio Vista Apartments:**  
2614 Arthur Street, Suite B, Glassell Park, CA 90065  
9:00am – 5:00pm  
Monday through Friday  
Telephone: (323) 256-1112



EQUAL HOUSING  
OPPORTUNITY



# RESIDENT SELECTION CRITERIA

## Tax Credit Building (Example)

1. Applicants must meet minimum and maximum income guidelines.
2. Family sized must be within apartment guidelines.  
**A household photo with all members will be taken at the Move-In Interview.**
3. Applicant must be able to demonstrate the ability to pay the rent.
4. Applicants must have prior landlord reference without:
  - A. Failure to have made timely rental payments during the **last year**.
  - B. An unmet obligation owed to a previous landlord.
  - C. A judgment or eviction against an applicant by a current or previous landlord.
5. Applicants must not have demonstrated behaviors that would be inappropriate for residency, including but not limited to violence drugs, or other behaviors which would have a negative impact on other residents.
6. Your Credit within the last five (5) years must be satisfactory **without the following:**
  - A. Negative and delinquent credit totaling \$1,000.00 **with the exception of Medical bills.**
  - B. If the negative credit exceeds \$1,000 but is no more than \$3,000, an additional \$500.00 deposit and a co-signer will be required. **(The exception is medical bills).**
  - C. Bankruptcies within the last five years are not accepted without the full copy of the discharged paperwork.
7. All residents in the household may not be full-time students.
8. If you are divorced, you will need to bring complete divorce papers for us to copy.
9. A criminal background check on all applicants. You will be rejected for any negative criminal report.
10. You will be expected to sign a lease for at least one year.